

## **Treating Returning Veterans and Families, Part 1**

Kansas has 9% of our population made up of veterans, and this number is slated to grow. The Department of Defense is downsizing the Army and the Air Force due to budget constraints and sequestration, and veterans are returning from combat zones moving to every area of the State. We have National Guardsmen, Reservists and Active Duty Military members. In addition, we have retired military members, and others who have served from World War II to the present. Our Kansas military members come back to their communities, to their families, to their employers and to civilian life.

Some of these veterans may be dealing with mental health, substance use disorder, traumatic brain injury and other injuries that are not visible but are very real, and they may not know where to turn for assistance. These injuries impact veterans, their families, children, employers and communities.

### **The Facts:** (published by the National Mental Health Association)

- Mental disorders reported in more than 26% of returning soldiers from Iraq and Afghanistan. *Government Accountability Office*
- 1 in 6 troops from Iraq met the screening criteria for major depression, generalized anxiety disorder or PTSD. *Department of Defense*
- There is a sharp rise in divorce rates for military personnel: a 28% increase last year, and a 53% increase since 2000. *USA Today*
- Almost 1,700 service members returning from the war this year said they harbored thoughts of hurting themselves or that they would be better off dead. More than 250 said they had such thoughts "a lot." Nearly 20,000 reported nightmares or unwanted war recollections; more than 3,700 said they had concerns that they might "hurt or lose control" with someone else. *Army Center for Health Promotion and Preventive Medicine*

It is important to service members, veterans and families that providers have some knowledge of military culture and background to be able to connect with them. There are several training programs that are available and crafted by deployment and psychology experts to give providers the knowledge needed about military culture to better serve their constituents with military backgrounds. Each mental health, substance use disorder or peer support agency should consider having at least one staff person who is a veteran or trained in military culture to adequately serve this population. If it is not possible to have a staff member trained, it is urged that a referral relationship be established with an agency that can serve military members and families appropriately.

The following military culture training programs may be of value to you or your organization. This is compiled by the Veterans Subcommittee of the Kansas Governor's Planning Council on Behavioral Health Services. For more information on the Subcommittee, contact Sheli Sweeney, 785-234-4773, [ssweeney@acmhck.org](mailto:ssweeney@acmhck.org).

### **Combat or other Veteran trained as a mental health, substance use disorder or peer specialist provider.**

### **Invite a military Commander/Specialist/Clinician to present on what is important for a community based provider to know about military culture when providing treatment to a service member or family.**

1. **Kansas State University Training: Institute for the Health and Security of Military Families:** Course from Kansas State University on Trauma and Traumatic Stress. There are twelve modules with 12 CEUs. This course will introduce and review the theoretical and historical beginnings of the concept of trauma, which includes the inclusion of posttraumatic stress disorder (PTSD) as a diagnosis in the original DSM III (1980) through DSM-5 (2013). It will highlight the other forms of recognized traumatic events and stressors that have more recently been brought to light. It will discuss various trauma reactions, effects of stressful events, as well as the treatment of trauma. Resilience and transcendence of trauma will be outlined, with an emphasis on the importance of self-care for clinicians and helping professionals working in this area. To Register go to: <http://www.militaryfamilies.ksu.edu/programs/educationalprograms/traumaticstress.html>

2. **Army One Source: The Invisible Wounds of War:** Army One Source offers training for those therapists and case managers who may work with returning veterans, their families and children before and after deployment. The course is called “*Invisible Wounds of War*”, and there are two parts to the training. Receive a certificate that they completed it, and also get a poster to use in your organization’s lobby that states your staff are able and ready to treat returning veterans and their families. You can sign on and look at it, <http://www.aheconnect.com/citizensoldier> Then Click on COURSES. Both courses are free, and offer CEUs. You will need to create a log in, so the system can track course completion, and create a certificate for CEUs for you.

There are two courses that any therapist can benefit from:

[Treating the Invisible Wounds of War Series: Part 1 - Posttraumatic Stress Disorder](#) which is 3 hours.

[Treating the Invisible Wounds of War Series: Part 2 - Traumatic Brain Injury](#) which is 4 hours.

3. **Center for Deployment Psychology: Several Training Programs:** Visit the Center for Deployment Psychology (CDP) Web site at <http://deploymentpsych.org/training/civilian-practice>. The CDP provides interactive web-based training to educate professionals working with Service members and their families. These courses are free, with a nominal fee for CEU credit and run two to five hours.

[Course 116 \(Online\): Military Cultural Competence](#)

[Course 117 \(Online\): The Impact of Deployment and Combat Stress on Families and Children, Part 1](#)

[Course 118 \(Online\): The Impact of Deployment and Combat Stress on Families and Children, Part 2](#)

[Deploymentpsych.org/military-culture](http://deploymentpsych.org/military-culture) for more resources related to military culture.

4. **National Center for Post Traumatic Stress Disorder (PTSD) Veterans Administration (VA):**

[http://www.ptsd.va.gov/professional/ptsd101/course-modules/military\\_culture.asp](http://www.ptsd.va.gov/professional/ptsd101/course-modules/military_culture.asp)

Training is available to VA employees and the public through this site, with CEUs also available.

- ❖ PTSD 101
- ❖ Understanding Military Culture

5. **National Child Traumatic Stress Network Learning Center Working with Families and Children of Veterans:**

Some of the webinar courses available (<http://learn.nctsn.org/>) to mental health and substance use disorder providers:

- ❖ Emotional Challenges and Self-Care for Those Working with Young Traumatized Children
- ❖ Optimizing Visitation for Young Traumatized Children and Their Parents/Caregivers
- ❖ Crossover Youth and Trauma-Informed Practice: Bridging Two Fields of Practice
- ❖ Form Child Maltreatment to Juvenile Delinquency: Trajectories of Crossover Youth and the Role of Trauma
- ❖ Screening and Assessment for Trauma in the Child Welfare Setting Speaker Series
- ❖ Trauma Screening and Assessment Measures for Child Welfare
- ❖ Child Sexual Abuse Speaker Series
- ❖ Secondary Traumatic Stress Speaker Series
- ❖ Secondary Traumatic Stress and Provider Self-Care in Disaster and Terrorism Settings

6. **Defense Center of Excellence-Provider Training Resources**

<http://www.dcoe.health.mil/Training/ProviderTrainingResources.aspx>

**Provider Training Guidance**

- [Guidance for Mental Health Provider Training for the Treatment of Post-Traumatic Stress Disorder and Acute Stress Disorder](#)
- [Guidance for Training and Education on Clinical Practice Guidelines](#)
- [In Transition Provider Web Training](#)

*There are several more trainings available, see part 2 following.*

## **PEER SUPPORT TRAINING AND RESOURCES**

[http://gainscenter.samhsa.gov/peer\\_resources/default.asp](http://gainscenter.samhsa.gov/peer_resources/default.asp): SAMHSA's GAINS Center for Behavioral Health and Justice Transformation believes in creating a learning community that offers ways to network, support, learn, and grow. An important aspect of this learning community is meaningful peer involvement in Center initiatives. Incorporating this philosophy into Center work and services, SAMHSA's GAINS Center strives to connect people with the following valuable resources:

- ❖ **PeerShare via the SAMHSA's GAINS Center Virtual Learning Community.** PeerShare is a place where peers involved with the criminal justice system in any capacity, as well as peers from the various GAINS projects, can go to find answers to questions, seek out technical assistance, and share their experiences. [Learn more here.](#)
- ❖ **STAR Center and GAINS Center 3-Part Series on Supporting the Recovery of Justice-Involved Consumers**  
[The STAR Center](#) and SAMHSA's GAINS Center for Behavioral Health and Justice Transformation have collaboratively developed a three-part series on supporting the recovery of justice-involved consumers. The series is most effective when used collectively, but can also be used individually.
  - Part 1 – [Learning about Us, Learning to Help Us: Supporting People with Psychiatric Disabilities in the Criminal Justice System \(PDF 642kb\)](#)
  - Part 2 – [The Self-Advocacy and Empowerment Toolkit \(PDF 609kb\)](#)
  - Part 3 – [The Promising Practices Guide \(PDF 361kb\)](#)

### **Additional Peer Community Resources on GAINS Center Web page:**

- [Engaging Women in Trauma-Informed Peer Support: A Guidebook](#)
- [Overcoming Legal Impediments to Hiring Forensic Peer Specialists](#)
- [Peer Support within Criminal Justice Settings: The Role of Forensic Peer Specialists](#)
- [Involving Peers in Criminal Justice & Problem-Solving Collaboratives](#)

### **Veterans Administration Peer Support Resources**

[http://www.mirecc.va.gov/visn4/docs/Peer\\_Specialist\\_Toolkit\\_FINAL.pdf](http://www.mirecc.va.gov/visn4/docs/Peer_Specialist_Toolkit_FINAL.pdf): Peer Specialists are required as part of VHA System Transformation. Peer support occurs when people with the same types of problems help each other. There are different kinds of peer support, including peer support groups, organizations, and providers. In 2003, the President's New Freedom Commission on Mental Health Report recommended using consumer providers, stating, "Because of their experiences, consumer providers bring different attitudes, motivations, insights, and behavioral qualities to the treatment encounter (p. 45)." VHA now requires the use of peer support providers within mental health. Several regulations, guides, and laws describe how peer support providers are to be included in VHA programs. All these handbooks are found at [www.va.gov/vhapublications/](http://www.va.gov/vhapublications/).

### **Wichita State University, Center for Community Supports and Research (CCSR)**

Peer Support Training <http://webs.wichita.edu/?u=ccsr&p=/certifiedpeerspecialisttraining/>

CCSR's Certified Peer Specialist (CPS) trainings prepare persons who self-identify as having direct, first-hand experience of living with a psychiatric diagnosis for work as peer specialists. Persons who have been hired as peer specialists at Kansas Community Mental Health Centers, state hospitals and in Veterans Administration programs are eligible for the training. Completion of the training qualifies participants to take the certification exam. Military cultural competency trainings will be introduced Spring, 2015.

**Depression and Bi-Polar Support Alliance.** Peer Specialist Core Training. This training does include a module on military culture responsiveness. DBSA is a recognized leader in training for the peer specialist workforce: people who use their lived recovery experience to assist others in regaining hope and moving forward to achieve their goals. [http://www.dbsalliance.org/site/PageServer?pagename=education\\_training\\_peer\\_specialist\\_core](http://www.dbsalliance.org/site/PageServer?pagename=education_training_peer_specialist_core)